

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
Caption in Compliance with D.N.J. LBR 9004-2(c)

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In Re:
Carol Marshall & Mitzy Marshall

Case No.: 13-27986
Chapter: 13
Judge: RG

NOTICE OF REQUEST FOR LOSS MITIGATION – BY THE DEBTOR

I am/ We are the debtor(s) in this case and hereby request loss mitigation with respect to:

Property address: 198 Prospect Terrace, Teaneck, New Jersey 07666

Creditor is the holder of: ☒ first mortgage or ☐ second mortgage.

I/We will make adequate protection payments to the above creditor each month in the following amount during the loss mitigation period: See Loss Mitigation Program and Procedures, Section V.A.1. and VII.B.

Creditor Bayview Financial Loan Amount: \$ 3,174.03 Due date: September 1, 2013

I understand that if the court orders loss mitigation in this case I am required to comply with the Loss Mitigation Program and Procedures and will participate in good faith. I understand that Loss Mitigation is voluntary, and that I am not required to enter into any agreement or settlement with any other party as part of this Loss Mitigation, and understand that no other party is required to enter into any agreement or settlement with me. I also understand **that I am not required to request dismissal of this case** as part of any resolution or settlement that is offered or agreed to during the Loss Mitigation Period. **I also certify that the property in question consists only of real property in which I hold an interest used as a principal residence.**

Date: August 28, 2013

Carol Marshall
Debtor

Date: August 28, 2013

Mitzy Marshall
Joint Debtor (if any)

Debtor Information:

Print full name: Carol Marshall & Mitzy Marshall

Mailing address: 198 Prospect Terrace, Teaneck, New Jersey 07666

Telephone number: (201) 906-5073

Email address (if any): _____

Debtor's Attorney Information:

Name: Walter D. Nealy, Esq.

Address: 100 S. Van Brunt Street, Suite 2C, Englewood, New Jersey 07631

Telephone number: (201) 227-0063 Fax number: (201) 227-6118

Creditor Information: (if known)

Name: Bayview Financial Loan

Address: Bankruptcy Department, 4425 Ponce De Leon Blvd., 5th Floor, Miami, Florida 33146

Telephone number: _____ Fax number: _____

Email address (if any): _____

Creditor's Attorney Information: (if known)

Name: _____

Address: _____

Telephone number: _____ Fax number: _____

Email address (if any): _____

Pursuant to Section V. A. of the Loss Mitigation Program and Procedures, the above named creditor has 14 days to file with the court, and serve on the debtor, debtor's attorney and trustee, an objection to this Request.